

Date: _____

ID Number: _____

Phone Number: _____

E-mail Address: _____

WINGATE UNIVERSITY

Completion Application for Add-On Licensure Programs

First

Middle

Last

(suffix)

★PRINT YOUR NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE including suffixes – Jr., III, etc.

1. I am applying for the following certificate: (check one)

____ Add-On Licensure Program in School Administration K-12

____ Add-On Licensure Program in Academically and Intellectually Gifted K-12

2. I plan to complete requirements in: ____ December 2010 ____ May 2011 ____ August 2011

3. Permanent address (in case certificate must be mailed):

I understand that it is my responsibility as a Wingate University student to fulfill all certificate program requirements as described in the programs of study and academic policies as stated in the catalog. Advisors and administrative staff may assist me with curricular decisions, but ultimately, I am responsible for my choices.

Signature of applicant

Date

****This application must be returned by the date listed on the academic calendar.****

All financial obligations to Wingate University must be met before the final transcript will be released to the student.

Return to:

Director, Graduate Education Programs

Wingate University Matthews Campus

PO Box 3549

Matthews, NC 28106

Fax: (704) 849-2468